




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number: 09/804,690
Filing Date: 03/12/2001
Applicants: Stanley N. Cohen
Application Title: "Mammalian Tumor Susceptibility Genes and Their Uses"
Examiner: Misook Yu
Art Unit: 1642

RESPONSE TO FINAL OFFICE ACTION

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Commissioner of Patents and Trademarks
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Sir:

In response to the FINAL REJECTION of January 2, 2004, the Examiner is respectfully requested to withdraw the rejections of Claims 23 – 27, the only claims under consideration in this application and pass this application to issue. Upon allowance of the claims under consideration, the Examiner is authorized to cancel claims 28-49.



Image AF/ 1 1642

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/804,690	
	Filing Date	03/12/2001	
	First Named Inventor	Stanley N. Cohen	
	Art Unit	1642	
	Examiner Name	Misook Yu	
Total Number of Pages in This Submission	7	Attorney Docket Number	S93-160/CIP/DIV2/CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Bertram Rowland, Reg. No. 20,015	
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